

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. *1* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7	1					
8		1				
9						
10		1				
11						
12	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	11	←	←	←	←	←
TOTAL CLAIMS	10					

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IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.	←	←	←
TOTAL CLAIMS			